

CITY OF SANTA CLARA

NEIGHBORHOOD CONSERVATION AND IMPROVEMENT PROGRAM APPLICATION

This application is to be completed as thoroughly as possible for consideration of your acceptance in the Neighborhood Conservation and Improvement Program. Approval of funding assistance is subject to the availability of funds. Preference of the Housing Rehabilitation Program Loan Committee is to serve the community's most needy and lowest income applicants. If you have questions or require assistance in completing this application, please contact the Housing and Community Services Division at (408) 615-2490.

SIGNED APPLICATIONS SUBMITTED WITHOUT THE FOLLOWING DOCUMENTATION CANNOT BE PROCESSED:

1. SUPPORTING DOCUMENTATION OF HOUSEHOLD INCOME & PROOF OF HOMEOWNERS INSURANCE
2. A SIGNED HOLD HARMLESS AGREEMENT (Pg. 5)

DOCUMENTATION: If you or other household residents filed a Federal Income Tax Return for the previous tax year, attach a copy of those returns to this application. **These are required to substantiate income eligibility.** In addition to at least three months of source documents, such as wage statements, interest statements, unemployment compensation statements, and bank statements. Include the most recent mortgage statement, copy of California Drivers License or ID.

SOCIAL SECURITY INCOME can be verified by requesting Verification of Income from Social Security Offices @ (800) 772-1213.

Include this documentation with your application.

INCOME GUIDELINES: Please review the attached income guidelines. Eligibility is based on the moderate income figures by family size.

Have you EVER applied to or received funding from this program previously? ☐ YES ☐ NO

ANTICIPATED REPAIRS (Check Appropriate Boxes)

Bath	<input type="checkbox"/>	Brick Work	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Dry rot Damage	<input type="checkbox"/>	Weatherproofing	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Handicapped Access	<input type="checkbox"/>	Painting	<input type="checkbox"/>	Insulation	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	Re Roofing	<input type="checkbox"/>	Termite Damage	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Flooring	<input type="checkbox"/>
Tile Work	<input type="checkbox"/>	Garage Door	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>				

Other (Describe) _____

GENERAL INFORMATION

Applicant's Name: _____ Age: _____ SSN: _____
Last First MI

Birthdate _____ CDL/CID _____ (Include Photo Copy)

Applicant's Name: _____ Age: _____ SSN: _____
Last First MI

Birthdate _____ CDL/CID _____ (Include Photo Copy)

Address: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

Email Address

Emergency Contact: _____ Phone: _____

Other individuals living in the household:

NAME: AGE: SOCIAL SECURITY NUMBER: BIRTHDATE CDL/CID #

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Property is in Trust ☐ **YES** ☐ **NO** Trust Name _____ Trust Date: _____

Is this a single family home? ☐ **YES** ☐ **NO** Flood Insurance? ☐ **YES** ☐ **NO**

Name of homeowners' insurance provider: _____

Approximate year home was built _____ Number of Bedrooms _____

Name(s) on Title: _____

Number of People in Household: _____ Estimated Value of Home \$ _____ Estimated Equity of Home \$ _____

HOUSEHOLD ANNUAL (YEARLY) GROSS INCOME

Annual (yearly) Gross Income of Each Household Resident by Source:

	<u>Applicant</u>	<u>Spouse</u>	<u>Others</u>	<u>Total</u>
Wages or Salary	\$ _____	\$ _____	\$ _____	\$ _____.
Social Security	\$ _____	\$ _____	\$ _____	\$ _____.
SSI	\$ _____	\$ _____	\$ _____	\$ _____.
Retirement	\$ _____	\$ _____	\$ _____	\$ _____.
Disability	\$ _____	\$ _____	\$ _____	\$ _____.
Pension	\$ _____	\$ _____	\$ _____	\$ _____.
Alimony/Child Support	\$ _____	\$ _____	\$ _____	\$ _____.
Investment Income	\$ _____	\$ _____	\$ _____	\$ _____.
Other Income	\$ _____	\$ _____	\$ _____	\$ _____.
<u>TOTAL</u>	\$ _____	\$ _____	\$ _____	\$ _____.

MONTHLY HOUSING COST CRITERIA

Calculating Estimated Monthly Housing Costs:

Principal & Interest: All Monthly Mortgage Payments	\$ _____
Property Taxes & Assessments	\$ _____
Property Insurance	\$ _____
Utility Allowance (see table below)	\$ _____
Maintenance & Repairs (see table below)	\$ _____
Homeowners Association Dues	\$ _____
Private Mortgage Insurance	\$ _____
TOTAL ESTIMATED MONTHLY HOUSING COST	\$ _____

# of Bedrooms	Utilities Allowance	Maintenance (*) Allowance
0	\$65	\$100
1	\$107	\$100
2	\$138	\$130
3	\$185	\$150
4	\$211	\$150

(*) If homeowner's association dues include maintenance of the exterior of the property, an allowance for maintenance is not necessary.

IMPORTANT - READ BEFORE SIGNING

I CERTIFY THAT THE PROPERTY _____ IS MY PRINCIPAL RESIDENCE.

I (WE) CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE(S)

DATE _____

DATE _____

- If this application has been prepared by someone other than the applicant(s), or if assistance has been given to the applicant(s), please complete the following:

Name of person preparing or assisting with the application: _____

Relationship to applicant(s): _____ Would you like to be present at the home visit? ☐ YES ☐ NO

Daytime Phone Number: _____

VOLUNTARY RACIAL / ETHNIC SELF-IDENTIFICATION**ETHNICITY (Check Only One)**

Hispanic or Latino	
Not Hispanic or Latino	
RACE CATEGORIES (Check Only One Race Category)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
American Indian or Alaska Native <i>and</i> White	
Asian <i>and</i> White	
Black or African American <i>and</i> White	
American Indian or Alaska Native <i>and</i> Black or African American	
Balance/Other	

PLEASE RETURN COMPLETED APPLICATION TO:

**CITY OF SANTA CLARA
NCIP
HOUSING AND COMMUNITY SERVICES DIVISION
1500 Warburton Avenue
Santa Clara, CA 95050**

For Staff Use Only – DO NOT WRITE WITHIN THIS AREA

To qualify for a housing rehabilitation loan from the City of Santa Clara, Applicant's total estimated monthly housing cost may not exceed Affordable Monthly Housing Cost, defined as:

- 30% of 70% of area median income, divided by 12 and adjusted for household size appropriate for the size of the home for **Low Income** (80% AMI) households.
- 30% of 50% of area median income, divided by 12 and adjusted for household size appropriate for the size of the home for **Very Low Income** (50% AMI) households.

Determine Applicant's Household Income Category according to chart listed below.

(Incomes listed below are maximum amounts for each category dependent on size of household)

<u>HOUSEHOLD SIZE</u>	<u>30% of MEDIAN</u>	<u>50% of MEDIAN</u>	<u>80% of MEDIAN</u>
1	\$ 22,350	\$ 37,250	\$ 52,850
2	\$ 25,550	\$ 42,550	\$ 60,400
3	\$ 28,750	\$ 47,850	\$ 67,950
4	\$ 31,900	\$ 53,150	\$ 75,500
5	\$ 34,500	\$ 57,450	\$ 81,550
6	\$ 37,050	\$ 61,700	\$ 87,600
7	\$ 39,600	\$ 65,950	\$ 93,650
8	\$ 42,150	\$ 70,200	\$ 99,700

Income categories for Santa Clara County effective March 10, 2015 as published by Federal Department of Housing and Urban Development (HUD).

Figures provided and annually updated by the City of Santa Clara.

Eligible @ 30% _____ 50% _____ 80% _____ Ineligible _____

Approved By: _____ Date _____
Staff Analyst

CLIENT # _____

**CITY OF SANTA CLARA
NEIGHBORHOOD CONSERVATION AND IMPROVEMENT
PROGRAM
HOLD HARMLESS AGREEMENT**

To the extent permitted by law, I (we) the undersigned owner(s) of the property described herein hereby agree to protect, defend, indemnify and hold harmless the CITY OF SANTA CLARA, its City Council, commissions, officers, agents and employees from and against any and all liabilities, judgments, costs and/or expenses or damages, however same may be caused, including all costs and attorney fees incurred in providing a defense to any claim for which the CITY becomes legally liable, arising from or in consequence of any acts, errors or omissions of the owners or any activities relating to housing rehabilitation provided by the CITY as part of the City of Santa Clara's Housing Rehabilitation Program at:

Street Address

City, State, and Zip

Because of monetary constraints imposed on the Program, the Scope of the Housing Rehabilitation Program may not and is not intended to address all of the health and safety hazards and code deficiencies that may have been identified during the initial property inspection. Owner(s) acknowledge that it is the sole responsibility of owner(s) to correct such health and safety hazardous and code deficiencies at their own expense. Owner(s) further agree to defend, indemnify and hold harmless the CITY OF SANTA CLARA, its officers, agents, and employees in the event that any future liability is incurred due to failure to correct these remaining safety hazards and/or code deficiencies.

SIGNATURE OF RECORD OWNER

DATE

SIGNATURE OF RECORD OWNER

DATE

"I hereby grant the CITY permission to construct a grab bars on my property at no cost to me. I understand that the fixture is permanent and that I will not hold the CITY responsible for its removal." Please initial if you wish a ramp, grab bars or other handicap accessibility _____.